

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26214

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jenning's
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7217 Eunice Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James William Lane

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Minnie Roberts Lane 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept 5 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 27 If less than one day
hr. min.

9. Birthplace Terre Haute / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business Fischer Body Co.

MOTHER FATHER { 12. Name Larkin Lane
13. Birthplace / Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Martha Woodall
15. Birthplace / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Lane
(b) Address 7217 Eunice Ave
17. (a) Burial (b) Date thereof 7/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cem Moberly Mo.

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) JUL 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Emballmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Jenning's 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7217 Eunice Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1941 hour 1 minute 40 pm M.

21. I hereby certify that I attended the deceased from July 2 1941 to July 5 1941
that I last saw him alive on July 1 1941
and that death occurred on the date and hour stated above
Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arterio Sclerosis

Due to 9/2/41

Other conditions Arterial Stenosis
(Include pregnancy within 3 months of death) Arterial Hypertension

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) No (e) Means of injury No

While at work? No

23. Signature Paul Penstoff (M. D. or other) 9
Address 3919 W. Plummer Date signed 7/3/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Sheldon Callier

Licensed Embalmer No. 3382

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.